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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of


Inventor: Takashi ARAMAKI et al. Group Art Unit: 2683
Appln. No.: 09/762,581 Examiner: S. D Agosta
Filed: February 9, 2001
For: BASE STATION APPARATUS AND NETWORK IDENTIFIER
ASSIGNMENT METHOD

AMENDMENT UNDER 37 CFR § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 21, 2004,
Applicants petition for a Three-Month Extension of Time and
request that the above-captioned application be amended as
follows:

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. L9289.01110	
Applicant(s): Takashi ARAMAKI, et al.						
Application No. 09/762,581	Filing Date February 9, 2001	Examiner S. D. Agosta	Customer No. 24257	Group Art Unit 2683	Confirmation No. 5737	
Invention: BASE STATION APPARATUS AND NETWORK IDENTIFIER ASSIGNMENT METHOD						
<div style="float: right; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED OCT 25 2004 </div>						
<u>COMMISSIONER FOR PATENTS:</u> Technology Center 2600						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-4375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: October 20, 2004			
James E. Ledbetter STEVENS, DAVIS, MILLER & MOSHER, L.L.P. 1615 L Street NW, Suite 850 P.O. Box 34387 Washington, DC 20043-4387			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						